Accident Investigation Data - Victim Information Event Number: 0 6 8 4 1 4 3

U.S. Department of Labor



Victim Information: 1												
Name of Injured/III Employee:	2. Sex 3. Victi	m's Age	4. Last F	our Dig	jits of SSN:	i	5. Degree o	f Injury:				
WAYNE ROBINSON	М	31					03 Days	away from w	ork only			
6. Date(MM/DD/YY) and Time(24 Hr.) C	Of Death:			7. Dat	te and Time	Started:						
					a. Date: 0	07/04/19:	99 b.Time:	18:00				
8. Regular Job Title:		9. Work Ac	tivity when I	Injured:	:			10. Was	this work a	ctivity par	t of regular	job?
189 Precipitation Operator		042 Obs	erving opera	tions					Yes	XNo	1 .	
11. Experience Years Weeks	Day b Boss	Years	Weeks	Day		Years	Weeks	Day		Years	Weeks	Day
a. This Work Activity: 0 10	b. Regu		10	•	c: This	^	40	•	d. Total			•
12. What Directly Inflicted Injury or Illness			10	0	Mine: 13. Nature	O st Injune	10	0	Mining:	0	10	0
003 Pressure Vessel Explosion						- •						
14. Training Deficiencies:					330 E	Back stra	un .					
· ·	/ly-Employed Exper	ienced Miner:	1 1		,	Annual:		Task:	1 1			
15. Company of Employment:(If different to Operator			4				ndependent	Contractor ID): (if applic	able)		
16. On-site Emergency Medical Treatmen												
	1 1	ODD.		1 1				1	121			
Not Applicable: First-Aid		CPR:	EMT:			al Profes		None:	X	4		
17. Part 50 Document Control Number: (fo	om 7000-1)		1	8. Unic	on Affiliation	of Victin	n: 9999	None	(No Union	Affiliation)		
Victim Information: 2 1. Name of Injured/III Employee:	2. Sex 3. Vic	tim's Age	I A Lact F	our Die	its of SSN:	1.	5 Decree -	f Injure ::				
, ,		-	4. Last Ft	our Dig	its of SSN.	1	5. Degree of	• •				
KELLY DUFFY 6. Date(MM/DD/YY) and Time(24 Hr.) Of		54		7 0	ate and Time	s Started		way from work	conty			
5. Satophina SST 17 and Time(24 fil.) O	, Deaul.			/. Da			-	h Ti	20			
		1				Date: 07/1	04/1999	b.Time: 18:0				
8. Regular Job Title:			tivity when I	-				10. Was	this work	activity par	rt of regular	job?
149 MAINTENANCE SUPERV	ISOR	043 OFF	FICE WORK	ER					Yes	X No		
11. Experience: Years Weeks	Day b Bas	Years	Weeks	Day		Years	Week	Day		Years	Weeks	Days
a. This Work Activity: 26 0	b. Reg		0 (,	c: This Mine:	26	0	-	d. TotalMining:			•
12. What Directly Inflicted Injury or Illness		ue. 20			13.Nature o		0 or lliness:	О	waring.	26	0	0
127 STRUCK BY ANGLE IRON	f				į			FEET, RIBS				
14. Training Deficiencies:					220 770	(O) OI (E	0 10 220, 1	LL1, NIDS				
	ly-Employed Exper	ienced Miner:			A	Annual:		Task:	1			
15. Company of Employment: (If different	from production ope	erator)	<u> </u>				L					
Operator	•	,			Indeper	ndent Co	ntractor ID:	(if applicable)				
16. On-site Emergency Medical Treatmen	t:											
Not Applicable: First-Aid	: X C	PR:	EMT:		Medica	al Profes	sional:	None:				
17.Part 50 Document Control Number: (fo	m 7000-1)		1	8. Unio	n Affiliation	of Victim	n: 9999	None i	(No Union	Affiliation)		
Victim Information: 3											·-···	
Name of Injured/III Employee:	2. Sex 3. Vi	ctim's Age	4. Last F	our Di	gits of SSN:		5. Degree o	of Injury:				
JOHN DUFOUR	M	38		,	•			s away from v	und only			
6. Date(MM/DD/YY) and Time(24 Hr.) Of				7. D	ate and Time	e Started		s away II UIII V	WOLK OILLY			
				٩	Date: 07/04	1/1000	b.Time;	18:00				
8. Regular Job Title:		9 Mork A	ctivity when				D. THITE,		this west.		4 -6	i-L0
189 POWERHOUSE BOILER (CONTROL PM O	1	known	injureu				IU. Was			t of regular	γαοί.
11 Eventiones				Dav					Yes	X No	+ +	
a. This	Day b. Reg	Years Jular	Weeks	Day	c: This	Years	s Weel	k Day	d. Total	Years	Weeks	Days
	4 Job Ti	tle: 0	8 4	!	Mine:	0	25	0	Mining:	0	25	0
12. What Directly Inflicted Injury or Illness?	?				13. Nature	of Injury	or lilness:					
003 PRESURE VESSEL EXPLOS	ION				390 F	POST TR	RAMATIC ST	RESS				
14. Training Deficiencies: Hazard: New/Ne	wly-Employed Expe	erienced Miner:	1			Annual:	1	Task:				
15.Company of Employment: (If different from	om production oper	ator)	+ -+				- - i		+ - }			
Operator					Independ	dent Con	ntractor ID: (i	if applicable)				
16. On-site Emergency Medical Treatment	t .											
Not Applicable: First-A	Aid:	CPR:	EMT:		Medic	al Profe	ssional:	None:	X			
17. Part 50 Document Control Number: (fo	orm 7000-1)			18. U	nion Affiliation	on of Vic	tim: 9999	None	e (No Unio	on Affiliatio	n)	
`							3220		,		,	

Accident Investigation Data - Victim Information Event Number: 0 6 8 4 1 4 3

U.S. Department of Labor



Victim Informati	on:	4										,			
1. Name of Injure	d/III Emplo	yee:	2. Sex	3. Victim's	Age	4. Last f	our Dig	its of SSN		5. Degree of	Injury:			****	
DARREN F	ERNANDE	ΞZ	М	29						05 Days	of restricte	d work activi	ty only		
6. Date(MM/DD/Y	Y) and T	Time(24 Hr.) (Of Death:				7. Dat	e and Tim	e Started	:					
								a. Date:	07/04/19	99 b.Time:	18:00				
8. Regular Job Til	tle:			1	9. Work Ac	tivity when	Injured:				10. Wa	s this work a	ctivity par	t of regular j	ob?
199 BOI	LER/POW	ER HOUSE (OPERATO	R	099 UNK	NOWN						Yes	X No		
11. Experience a. This	Years	Weeks	Day	b. Regular	Years	Weeks	Day	c: This	Years	Weeks	Day	d. Total	Years	Weeks	Day
Work Activity:	0	18	0	Job Title:	0	22	0	Mine:	0	22	0	Mining:	0	22	0
12. What Directly	Inflicted In	jury or Illness	\$?					13. Natur	e of Injury	or Illness:					
003 PR	ESSURE	VESSEL						220	FRACTL	IRES					
14. Training Defic	iencies:							-							
Hazard:		New/Nev	vly-Employ	ed Experien	ced Miner:				Annual:		Task:				
15. Company of E		nt:(If different	from produ	uction operat	or)					Independent	Contractor	ID: (if applic	able)		
16. On-site Emerg	gency Med	ical Treatmen	nt:										-		
Not Applica	1 .	First-Ai	1	С	PR:	EMT:		Medi	ical Profe	ssional:	None	:			
17. Part 50 Docur		ol Number: (1	form 7000-	1)			18. Unio	on Affiliatio	n of Victi	m: 9999	Non	e (No Union	Affiliation)	
Victim Informati	on:	5													
1. Name of Injure	d/III Emplo	yee:	2. Sex	3. Victim	s Age	4. Last F	our Dig	its of SSN:		5. Degree of	Injury:				
ELLEN GA	UTHER		F	29						05 Days of	restricted v	work activity	only		
6. Date(MM/DD/Y	Y) and Ti	ime(24 Hr.) C	of Death:				7. Da	ate and Tin	ne Starte	d					
								a.	Date: 07.	/04/1999	b.Time: 1	8:00			
8. Regular Job Tit	tie:				9. Work Ac	tivity when	Injured:				10. W	as this work	activity pa	rt of regular	job?
199 BC	DILER/POI	WERHOUSE	OPERATO	OR	098 UN	KNOWN						Yes	No	1 1	•
11. Experience:															
a. This	Years	Weeks	Day	b. Regula	r Years	Weeks	Day	c: This	Year	s Week	Day	d. I otai	Years	Weeks	Days
Work Activity:	0	18	0	Job Title:	0	22	0	Mine:	0	22	0	Mining:	0	22	0
12. What Directly			s?							or Illness:					
	SSURE V	ESSEL						220 FF	RACTURE	=					
14. Training Defice	iencies:	New/Nev	wlv-Employ	ed Experien	red Miner	1 1			Annual:	1	Task:	1 1			
15. Company of E	Employmen			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	L				<u> </u>					
Operato		it. (ii dilleretii	i nom prou	uction opera	.01)			Indep	endent C	ontractor ID: (if applicab	le)			
16. On-site Emer		lical Treatme	nt [.]												
Not Applica		First-Ai	[]	CPR	:	EMT:		Medi	cal Profe	ssional:	None	X			
17.Part 50 Docum				1)		! <u>.</u>		on Affiliatio				e (No Union	Δffiliati∩n)	
Victim Informa	tion:	6		<u> </u>			70. 01110			3333		- (110 0111011		<u> </u>	
Name of Injure			2. Sex	3. Victir	n's Age	4 Last	Four D	igits of SSI	ν·	5. Degree o	of Injury:				
GARY GUY	•	,,00.	M	46	-			.g.1.5 0, 00.	••						
6. Date(MM/DD/Y		ime(24 Hr.) C					7. D	ate and Ti	me Starte		naneni iola	al or partial d	isability		
,	,	, –						. Date: 07/		b.Time:	18:00				
9 Dogular Joh Ti	lla:				O Mode A	melicriter carbon	1 .		U-1/1333	D. Tillie.		laa bhia wade	a adii dhe aa		inha
8. Regular Job Tit	ue. JPERVISO)R			l	activity whe	-		FAULT		10. 9	as this work Yes		X	lopi
11. Experience:	Year	s Weeks	Day		Years	Weeks	Day		Yea	rs Weel	√ Da	v	Years	Weeks	Days
a. This	real.	3 VVCCR3	Day	b. Regula	ır	TTECKS	Day	c: Thi		13 1100	` Da	d. Total	i cais	VVCCRS	Days
Work Activity:	10	0	0	Job Title	10	0	0	Mine:	10	0	0	Mining:	10	0	0
12. What Directly	Inflicted In	jury or Illness	\$?					13. Natu	re of Inju	y or Illness:					
	STIC CHEI	MICAL						130	CHEMIC	CAL BURN					
14. Training Defici	iencies:	New/N	ewly-Empl	oyed Experie	nced Miner	:			Annua	ı: , į	Tas	k:			
15.Company of E	mploymen	t:(If different f	from produ	ction operato	r)										
Operator								Indepe	ndent Co	intractor ID: (i	f applicable	e)			
16. On-site Emerg	gency Med	ical Treatmer	nt:							·					
Not Applic	cable:	First	-Aid: X	с	PR:	EMT	-:	Med	dical Prof	essional:	Non	e:			
17. Part 50 Docur		ol Number: (f	form 7000-	1)		· · · · · · · · · · · · · · · · · · ·	18. L	Jnion Affilia	ition of Vi	ctim: 9999	N	one (No Uni	on Affiliati	on)	
										2230		,		•	

Accident Investigation Data - Victim Information Event Number: 0 6 8 4 1 4 3 Victim Information: 7

U.S. Department of Labor



vicum information: /													
Name of Injured/III Employee:	2. Sex	3. Victim's	Age	4. Last I	Four Dig	its of SSN:		5. Degree of	f Injury:			-	
TERRENCE HAYES	М	28						02 Perm	anent total c	or partial dis	ability		
6. Date(MM/DD/YY) and Time(24	Hr.) Of Death:				7. Dat	te and Time	e Started	:					
				WW dies of		a. Date:	07/04/19	199 b.Time:					
8. Regular Job Title:			9. Work A	ctivity when	Injured	;			10. Was	this work a	activity pa	rt of regular	job?
189 DIGESTION OUTSIDE	E OPERATOR		098 CL	OSING VAL	VE					Yes	No	X	
11. Experience Years Weeks	s Day	h Bosular	Years	Weeks	Day		Years	Weeks	Day		Years	Weeks	Day
a. This Work Activity: 0 24	0	b. RegularJob Title:	0	24	•	c: This	•	0.4	•	d. Total			•
12. What Directly Inflicted Injury or I		JOD TILE.		24	0	Mine: 13. Nature	O of Injuny	24	0	Mining:	0	24	0
024 CAUSTIC CHEMICA								AL BURN					
14. Training Deficiencies:						130	CHEIVIIC	AL BURIV					
Hazard: Nev	w/Newly-Employ	ed Experien	ced Miner:	1 1			Annual:		Task:	X			
15. Company of Employment:(If diff	erent from prode	uction opera	tor)					<u> </u>	_				
Operator							I	Independent	Contractor II	D: (if applica	able)		
16. On-site Emergency Medical Tre	1 1			1									
	irst-Aid: X		PR:	EMT.		Medic	al Profes	ssional:	None:				
17. Part 50 Document Control Numi	ber: (form 7000-	1)			18. Unio	on Affiliation	of Victin	n: 9999	None	(No Union	Affiliation)	
Victim Information: 8		-											
Name of Injured/III Employee:	2. Sex	3. Victim	's Age	4. Last F	Four Dig	its of SSN:		5. Degree of	Injury:				
ALBERT JONES	<u>M</u>	46	-					03 Days aw	ay from wor	k only			
6. Date(MM/DD/YY) and Time(24 I	Hr.) Of Death:				7. Da	ate and Tim							
						a. I	Date: 07/	04/1999	b.Time: 18:	00			
8. Regular Job Title:			9. Work Ad	tivity when	Injured:				10. Was	this work	activity pa	rt of regular	job?
189 DIGESTION OUTSIL	DE OPERATOR		098 CL	OSING VAL	.VE					Yes	No	x	
11. Experience: Years Wee	eks Day	h Danida	Years	Weeks	Day		Years	Week	Day		Years	Weeks	Days
a. This Work Activity: 0 24	o	b. Regula Job Title:	0	24	0	c: This Mine:	0	24	_	d. Total			-
12. What Directly Inflicted Injury or I		JOD TILE.				13.Nature		24	0	Mining:	0	24	
024 CAUSTIC CHEMICAL							EMICAL .						
14. Training Deficiencies:											~~~		
Hazard: Nev	v/Newly-Employ	ed Experien	ced Miner:			,	Annual:		Task:	X			
15. Company of Employment: (If diff	erent from prod	uction opera	tor)										
Operator						Indepe	ndent Co	ntractor ID: (i	if applicable)				
16. On-site Emergency Medical Trea	1				1 1								
	st-Aid: X	CPR	:	EMT:		Medic	al Profes	sional:	None:				
17.Part 50 Document Control Numb	er: (form /000-1)			18. Unio	n Affiliation	of Victim	1: 9999	None	(No Union i	Affiliation)		
Victim Information: 9													
Name of Injured/III Employee:	2. Sex	3. Victir	•	4. Last	Four Dig	gits of SSN:		5. Degree o	f Injury:				
JEFF PLAISANCE	M	32							away from	work only			
6. Date(MM/DD/YY) and Time(24 h	ir.) Or Death:					ate and Tim		d :					
					a.	Date: 07/0-	4/1999	b.Time:	18:00				
8. Regular Job Title:			9. Work A	ctivity when	Injured	:			10. Was	this work a	activity pa	rt of regular	job?
149 SUPERVISOR			087 St	JPERVISIN	G					Yes	No	X	
11. Experience: Years We a. This	eks Day	b. Regula	Years	Weeks	Day	7-:-	Years	s Week	Day		Years	Weeks	Days
Work Activity: 0 9	0	Job Title:		9	0	c: This Mine:	0	9	0	d. TotalMining:	•	0	
12. What Directly Inflicted Injury or III			-	-		7		or Illness:		warmiy.	0	9	0
003 PRESSURE VELLEL EX		NCUSSION	ı					or liliness: ION TO KNE	F				
14. Training Deficiencies:							2011100	1011 10 1112	· L				
	ew/Newly-Emplo			:			Annual:		Task:				
15. Company of Employment: (If differ	rent from produc	tion operato	r)				-						
Operator						Indepen	dent Con	tractor ID: (if	applicable)				
16. On-site Emergency Medical Trea	1 1										7 M. C.		
Not Applicable:	First-Aid:	CF	PR:	EMT:		Medic	al Profes	ssional:	None:	X			
17. Part 50 Document Control Numb	er: (form 7000-1)			18. U	nion Affiliati	on of Vic	tim: 9999	Non	e (No Unio	n Affiliatio	on)	
												•	···

Accident Investigation Data - Victim Information Event Number: 0 6 8 4 1 4 3

U.S. Department of Labor



Victim Information: 10					_						_		
Name of Injured/III Employee:	2. Sex	3. Victim's	s Age	4. Last	Four Dig	its of SSN		5. Degree of	Injury:				
BEN RIDLEY	i M	44							of restricted	work activ	ity only		
6. Date(MM/DD/YY) and Time(24 Hr.)	Of Death:				7. Dat	e and Tim	e Started	l:					
		va			<u> </u>	a. Date:	07/04/19	999 b.Time: 1		***			
8. Regular Job Title:			9. Work A	ctivity when	Injured				10. Was	this work a	activity par	t of regular	r job?
189 PRECIPATION OPERATO)R		042 OB	SERVING (DPERA1	TONS				Yes	X No		
11. Experience Years Weeks	Day	b. Regular	Years	Weeks	Day	c: This	Years	Weeks	Day	d. Total	Years	+	Day
Work Activity: 0 24	0	Job Title:	0	24	0	Mine:	0	24	0	Mining:	0	24	o
12. What Directly Inflicted Injury or Illnes	is?					13. Nature	of Injury	or Illness:					
003 PRESSURE VESSEL EX	PLOSION	CONCUSS	ION)			330	BACK SI	PASMS					
14. Training Deficiencies:				****		1							
Hazard: New/Ne	wly-Employ	ed Experier	ced Miner:				Annual:		Task:				
15. Company of Employment:(If differen	t from produ	ction opera	tor)					Independent (Contractor II	D: (if applic	able)		
16. On-site Emergency Medical Treatme	not:										,		
Not Applicable: First-A	4 (_	PR:	EMT:	. 1 1		aal Daafa	:		x			
17. Part 50 Document Control Number:			PR.	EM1:			cal Profe		None:				
Victim Information: 11	(101111 7 0 0 0 -	')		- · · · · · · · · · · · · · · · · · · ·	18. Unio	on Affiliation	n of Victir	m: 9999	None	(No Union	Affiliation,)	
Name of Injured/III Employee:	2. Sex	3. Victim	's Age	4 Last F	our Dia	its of SSN:	1	5. Degree of I	Injury:				
WAYNE ROBINS	M	40	o rige	T. Last I	ou. Dig	113 01 0014.	:	•					
6. Date(MM/DD/YY) and Time(24 Hr.) (10		. 1	. 7 Da	ate and Tim	ne Starte	03 Days aw	ay irom won	k only			
, , , , , , , , , , , , , , , , , , , ,					/				Time: 40.	00			
					_		Date: 07/	/U4/1999 D	o.Time: 18:				
8. Regular Job Title:				ctivity when	•				10. Was	this work	activity pa	rt of regula	r job?
189 DIGESTION OUSIDE OF	PERATOR		098 CL	OSING VAL	LVE					Yes	No	X	
11. Experience: Years Weeks	Day	h Daniel	Years	Weeks	Day		Years	Week	Day		Years	Weeks	Days
a. This Work Activity: 0 8	0	b. Regula				c: This			•	d. Total			•
		Job Title:		8 (, 	Mine:	O of Initiate		0	Mining:	0	8	0
12. What Directly Inflicted Injury or Illnes 024 CAUSTIC CHEMICAL	S?				1	13.Nature	OF INJURY IEMICAL						
14. Training Deficiencies:						750 077	LIMICAL	DUNIVS					
1	wly-Employ	ed Experier	ced Miner:	Li			Annual:		Task:	x			
15. Company of Employment: (If differen										17.1			
Operator	t worm produ	onon opera	201)			Indepe	ndent Co	ontractor ID: (if	f applicable)				
16. On-site Emergency Medical Treatme	nt:												
Not Applicable: First-A	1	CPF	e :	EMT:		Medic	al Profes	sional:	None:				
17.Part 50 Document Control Number: (f	orm 7000-1)		1	18 Unio	n Affiliation	of \/ictin	0000		(No Union	A SElindia		
Victim Information: 12					10. 01110	Annauoi	i oi vican	n: 9999	None	NO Union .	Ammation)		
Name of Injured/III Employee:	2. Sex	3 Victir	n's Age	A Last	Four Dir	gits of SSN	,	5. Degree of	Injune				
TODD LANDRY	M	27	-	4. Last	T Out Di	gita or Jore	-						
6. Date(MM/DD/YY) and Time(24 Hr.) (- 7 D:	ate and Tin	ne Starte		anent total o	or partial di	sability		
8. Regular Job Title:			10.145-1.4	-41 14 4	<u>'</u>	Date: 07/0	4/1999	b.Time: 1					
-			İ	ctivity wher	•				10. Was	this work a	activity par	rt of regula	r job?
189 LEADMAN CLARIFICATI	ON		030 LC	DOKING FO	OR ELEC	CTRICAL F	AULT			Yes	No	x	
11. Experience: Years Weeks	Day	h Damit	Years	Weeks	Day	_	Year	s Week	Day	. =	Years	Weeks	Days
a. This Work Activity: 0 32	0	b. Regula		30	0	c: This		20		d. Total			
12. What Directly Inflicted Injury or Illness		Job Title	0	32	0	Mine:	0	32	0	Mining:	0	32	0
024 CAUSTIC CHEMICAL	• •							y or Illness:					
14. Training Deficiencies:						130	CHEMIC	AL BURNS					
•	ewly-Emplo	yed Experie	nced Miner	:			Annual:		Task:	1 :			
15 Company of Employment: (If different	rom produc	tion operato	r)	<u> </u>						1			
HARMONY CONSTRUCTION	,	7	•			Indeper	dent Cor	ntractor ID: (if	applicable)	HPQ			
16. On-site Emergency Medical Treatmen	nt:								-17				
Not Applicable: First	1 1	C	PR:	EMT	: 1	i Medi	cal Profe	ssional	None:	1 1			
			***						NOTICE.	1 :			
17. Part 50 Document Control Number: (I	orm /000-1	<i>)</i>			18. Ui	nion Affiliat	on of Vic	tim: 9999	None	e (No Unic	n Affiliatio	nn)	

Accident Investigation Data - Victim Information Event Number: 0 6 8 4 1 4 3

U.S. Department of Labor



Name of Injured/III Employee:														
• • •	2. Sex	3. Victim's	s Age	4. Last f	our Digi	its of SSN:		5. Degree	of Inju	ıry:			,	
MATT MATTHEWS	М	26		<u> </u>		<u> </u>	!		/s aw	ay from w	vork only			
6. Date(MM/DD/YY) and Time(24 Hr.) (Of Death:				7. Date	e and Time	e Started	:						
				218		a. Date:	07/04/19	99 b.Time:	18:0	00				
8. Regular Job Title:			9. Work A	ctivity when	Injured:					10. Was	this work a	activity pa	rt of regular	job?
149 SUPERVISOR			036 LOC	KING FOR	ELECT	RICAL FA	ULT				x	X ;		
11. Experience Years Weeks a. This	Day	b. Regular	Years	Weeks	Day	c: This	Years	Weeks		Day	d. Total	Years		Da
	o	Job Title:	3	0	0	Mine:	3	o	0		Mining:	3	o	o
12. What Directly Inflicted Injury or Illness	s?							or Illness:					-	
024 CAUSTIC CHEMICAL								AL BURNS	}					
14. Training Deficiencies:														
	vly-Employ	ed Experier	ced Miner:				Annual:			Task:				
15. Company of Employment:(If different	from produ	ction opera	tor)	- t										
Operator ·								Independer	nt Cor	ntractor II	D: (if applic	able)		
16. On-site Emergency Medical Treatmer	nt:								**					
Not Applicable: First-Ai	d: X	C	PR:	EMT:		Medic	cal Profe	ssional:		None:				
17. Part 50 Document Control Number: (f	orm 7000-	1)			18. Unio	n Affiliation	of Victir	n: <i>9999</i>		None	(No Union	Affiliation	ח)	
Victim Information: 14														
Name of Injured/III Employee:	2. Sex	3. Victim	's Age	4. Last F	our Digi	ts of SSN:		5. Degree	of Inju	ıry:				
DAUHRIN MILES	М	27						03 Days	away	from won	k only			
6. Date(MM/DD/YY) and Time(24 Hr.) O	f Death:				7. Da	ite and Tim	e Started		_					
						a	Date: 07/	<i>1</i> 04/1999	b. Ti	me: 18:	00			
8. Regular Job Title:			9. Work Ac	tivity when	Injured:					10. Was	this work	activity pa	art of regula	r iob?
189 PRECIPATION OPERATO	OR		042 OB	ERVING O	PERATI	ons					Yes	X		. ,
11. Experience: Years Wooks	De:-		V	\A(c = \tau =	De		V	. ,					-l i	
a. This Years Weeks	Day	b. Regula	Years ir	Weeks	Day	c: This	Years	. Wee	K	Day	d. Total	Years	Weeks	Days
Work Activity: 0 36	0	Job Title:	0	36	0	Mine:	0	36	0		Mining:	0	36	0
What Directly Inflicted Injury or Illness	?					13.Nature	of Injury	or Illness:						
003 PRESSURE VESSEL EXPL	OSION (C	ONCUSSIC	N)			330 BA	CK STR	AIN						
14. Training Deficiencies:				1				AIN		Tack:	1 1	-		
14. Training Deficiencies: Hazard: New/New	vly-Employ	ed Experien	ced Miner:				CK STRA	A/N		Task:				
14. Training Deficiencies: Hazard: New/New 15. Company of Employment: (If different	vly-Employ	ed Experien	ced Miner:				Annual:		: (if ar					
Training Deficiencies: Hazard: New/New Company of Employment: (If different	vly-Employ from produ	ed Experien	ced Miner:				Annual:	A/N	: (if ap					
Training Deficiencies: Hazard: New/New Company of Employment: (If different Operator On-site Emergency Medical Treatment	vly-Employ from produ	ed Experien	nced Miner:	FMT-		Indepe	Annual:	ontractor ID	: (if ap	oplicable)				
Training Deficiencies: Hazard: New/New Section New/New Section New/New Company of Employment: (If different Operator Operator Section New/New/New/New/New/New/New/New/New/New/	vly-Employ from produ nt:	ed Experienuction opera	nced Miner:	EMT:	19 11:	Indepe	Annual: ndent Co	ontractor ID	: (if ap	oplicable) None:	x			
14. Training Deficiencies: Hazard: Hazard: New/New 15. Company of Employment: (If different Operator 16. On-site Emergency Medical Treatmer Not Applicable: First-Aic 17. Part 50 Document Control Number: (fc	vly-Employ from produ nt:	ed Experienuction opera	nced Miner:		 18. Unio	Indepe	Annual: ndent Co	ontractor ID	: (if ap	oplicable) None:		Affiliation	ı)	
14. Training Deficiencies: Hazard: New/New 15. Company of Employment: (If different Operator 16. On-site Emergency Medical Treatmer Not Applicable: First-Aic 17. Part 50 Document Control Number: (fc	from produ it: d: prm 7000-1	ed Experien uction opera CPF	aced Miner: Itor)			Indepe Medic n Affiliation	Annual: ndent Co al Profes	ontractor ID ssional: n: 9999		None:	x	Affiliation	.)	
14. Training Deficiencies: Hazard: New/New 15. Company of Employment: (If different Operator 16. On-site Emergency Medical Treatmer Not Applicable: First-Aic 17.Part 50 Document Control Number: (for Victim Information: 15 1. Name of Injured/III Employee:	vly-Employ from product: t: 2. Sex	ed Experient cition opera	nced Miner: R: m's Age			Indepe	Annual: ndent Co al Profes	ontractor ID ssional: n: 9999 5. Degree	of Inj	None: None	X (No Union)	
14. Training Deficiencies: Hazard: New/New 15. Company of Employment: (If different Operator 16. On-site Emergency Medical Treatmer Not Applicable: First-Aic 17. Part 50 Document Control Number: (fc Victim Information: 15 1. Name of Injured/III Employee: JEROME BOURGERE	wly-Employ from product: d: crm 7000-1	ed Experien uction opera CPF	nced Miner: R: m's Age		Four Dig	Indepe Medic n Affiliation gits of SSN	Annual: Indent Co I Profes I of Victin	ontractor ID ssional: n: 9999 5. Degree	of Inj	None: None	x)	
14. Training Deficiencies: Hazard: New/New 15. Company of Employment: (If different Operator 16. On-site Emergency Medical Treatmer Not Applicable: First-Aic 17. Part 50 Document Control Number: (fc Victim Information: 15 1. Name of Injured/III Employee: JEROME BOURGERE	wly-Employ from product: d: crm 7000-1	ed Experient cition opera	nced Miner: R: m's Age		Four Dig	Indepe Medic n Affiliation gits of SSN ate and Tin	Annual: ndent Co al Profes n of Victin	ontractor ID ssional: n: 9999 5. Degree 05 Da d:	of Inj	None: None jury:	X (No Union)	
14. Training Deficiencies: Hazard: New/New 15. Company of Employment: (If different Operator 16. On-site Emergency Medical Treatmen Not Applicable: First-Aic 17. Part 50 Document Control Number: (fc Victim Information: 15 1. Name of Injured/III Employee: JEROME BOURGERE 6. Date(MM/DD/YY) and Time(24 Hr.) O	wly-Employ from product: d: crm 7000-1	ed Experient cition opera	m's Age	4. Last	Four Dig	Indepe Medic n Affiliation gits of SSN ate and Tin Date: 07/0	Annual: ndent Co al Profes n of Victin	ontractor ID ssional: n: 9999 5. Degree	of Inj	None: None iury: restricted	X (No Union	vity only		
14. Training Deficiencies: Hazard: New/New 15. Company of Employment: (If different Operator 16. On-site Emergency Medical Treatmer Not Applicable: First-Aic 17.Part 50 Document Control Number: (fc Victim Information: 15 1. Name of Injured/III Employee: JEROME BOURGERE 6. Date(MM/DD/YY) and Time(24 Hr.) O 8. Regular Job Title:	from product: d: 2. Sex M f Death:	ed Experient cition opera	nced Miner: R: m's Age 9. Work A	4. Last	Four Dig	Indepe Medic n Affiliation gits of SSN ate and Tin Date: 07/0	Annual: ndent Co al Profes n of Victin	ontractor ID ssional: n: 9999 5. Degree 05 Da d:	of Inj	None: None iury: restricted	(No Union	vity only activity pa	art of regula	r job?
14. Training Deficiencies: Hazard: New/New 15. Company of Employment: (If different Operator) 16. On-site Emergency Medical Treatment Not Applicable: First-Aic 17. Part 50 Document Control Number: (fcc) Victim Information: 15 1. Name of Injured/III Employee: JEROME BOURGERE 6. Date(MM/DD/YY) and Time(24 Hr.) Output B. Regular Job Title: 199 POWERHOUSE OPERAT	wly-Employ from product: t: t: 2. Sex M f Death:	ed Experient cition opera	eced Miner: Attributed in the second of the	4. Last ctivity when	Four Dig	Indepe Medic n Affiliation gits of SSN ate and Tin Date: 07/0	Annual: ndent Co al Profes n of Victin	ontractor ID ssional: n: 9999 5. Degree 05 Da d: b. Time:	of Injurys of	None: None iury: restricted	X (No Union	vity only	art of regula	r job?
14. Training Deficiencies: Hazard: New/New 15. Company of Employment: (If different Operator 16. On-site Emergency Medical Treatmen Not Applicable: First-Aic 17. Part 50 Document Control Number: (fc Victim Information: 15 1. Name of Injured/III Employee: JEROME BOURGERE 6. Date(MM/DD/YY) and Time(24 Hr.) O 8. Regular Job Title: 199 POWERHOUSE OPERAT 11. Experience: Years Weeks	from product: d: 2. Sex M f Death:	ed Experient cition opera	m's Age 9. Work A	4. Last	Four Dig	Medicin Affiliation gits of SSN ate and Tin Date: 07/0	Annual: ndent Co al Profes of Victin	ontractor ID ssional: n: 9999 5. Degree 05 Da d: b. Time:	of Injurys of	None: None iury: restricted	(No Union d work active s this work Yes	vity only activity pa	art of regula	r job?
14. Training Deficiencies: Hazard: New/New 15. Company of Employment: (If different Operator 16. On-site Emergency Medical Treatmen Not Applicable: First-Aic 17. Part 50 Document Control Number: (fc Victim Information: 15 1. Name of Injured/III Employee: JEROME BOURGERE 6. Date(MM/DD/YY) and Time(24 Hr.) O 8. Regular Job Title: 199 POWERHOUSE OPERAT 11. Experience: Years Weeks a. This	wly-Employ from product: t: t: 2. Sex M f Death:	CPF 3. Victir 48	nced Miner: http://www.arsar.a	4. Last ctivity when	Four Dig	Indepe Medic n Affiliation gits of SSN ate and Tin Date: 07/0	Annual: ndent Co al Profes of Victin	ontractor ID ssional: n: 9999 5. Degree 05 Da d: b. Time:	of Injurys of	None: None jury: restricted 10. Was	(No Union	vity only activity pa	art of regula o Weeks	Days
14. Training Deficiencies: Hazard: New/New 15. Company of Employment: (If different Operator 16. On-site Emergency Medical Treatmer Not Applicable: First-Aic 17. Part 50 Document Control Number: (fc Victim Information: 15 1. Name of Injured/III Employee: JEROME BOURGERE 6. Date(MM/DD/YY) and Time(24 Hr.) O 8. Regular Job Title: 199 POWERHOUSE OPERAT 11. Experience: Years Weeks a. This Work Activity: 0 12	viy-Employ from product: d: d: 2. Sex M f Death: OR Day	ction opera	nced Miner: http://www.arsar.a	4. Last ctivity wher VKNOWN Weeks	7. Da a. n Injured	Indepe Medic n Affiliation gits of SSN ate and Tin Date: 07/0	Annual: ndent Co al Profes n of Victin : ne Starte 4/1999 Year 0	ontractor ID ssional: n: 9999 5. Degree 05 Da d: b. Time:	e of Injurys of	None: None jury: restricted 10. Was	(No Union d work active s this work Yes d. Total	activity pa	art of regula	
14. Training Deficiencies: Hazard: New/New 15. Company of Employment: (If different Operator 16. On-site Emergency Medical Treatmen Not Applicable: First-Aic 17. Part 50 Document Control Number: (fc Victim Information: 15 1. Name of Injured/III Employee: JEROME BOURGERE 6. Date(MM/DD/YY) and Time(24 Hr.) O 8. Regular Job Title: 199 POWERHOUSE OPERAT 11. Experience: Years Weeks a. This Work Activity: 0 12	viy-Employ from production: d: 2. Sex M f Death: COR Day 0 ?	ction opera	nced Miner: http://www.arsar.a	4. Last ctivity wher VKNOWN Weeks	7. Da a. n Injured	Indepe Medic n Affiliation gits of SSN ate and Tin Date: 07/0 c: This Mine:	Annual: ndent Co al Profes n of Victin ne Starte 4/1999 Year 0 e of Injun	ontractor ID ssional: n: 9999 5. Degree 05 Da d: b. Time: s Wee	e of Injuys of 18:0	None: None iury: restricted Do Day	(No Union d work active s this work Yes d. Total	activity pa	art of regula o Weeks	Days
14. Training Deficiencies: Hazard: New/New 15. Company of Employment: (If different Operator 16. On-site Emergency Medical Treatmen Not Applicable: First-Aic 17. Part 50 Document Control Number: (fc Victim Information: 15 1. Name of Injured/III Employee: JEROME BOURGERE 3. Date(MM/DD/YY) and Time(24 Hr.) O 3. Regular Job Title: 199 POWERHOUSE OPERAT 11. Experience: Years Weeks a. This Work Activity: 0 12 12. What Directly Inflicted Injury or Illness 003 PRESSURE VESSEL EXPLO	viy-Employ from production: d: 2. Sex M f Death: COR Day 0 ?	ction opera	nced Miner: http://www.arsar.a	4. Last ctivity wher VKNOWN Weeks	7. Da a. n Injured	Indepe Medic n Affiliation gits of SSN ate and Tin Date: 07/0 c: This Mine:	Annual: ndent Co al Profes n of Victin ne Starte 4/1999 Year 0 e of Injun	ontractor ID ssional: n: 9999 5. Degree 05 Da d: b. Time:	e of Injuys of 18:0	None: None iury: restricted Do Day	(No Union d work active s this work Yes d. Total	activity pa	art of regula o Weeks	Days
14. Training Deficiencies: Hazard: Hazard: Operator 15. Company of Employment: (If different Operator) 16. On-site Emergency Medical Treatment Not Applicable: First-Aic F	wly-Employ from product. t: t: t: corm 7000-1 2. Sex M f Death: COR Day 0 ? OS/ON	ced Experient action operation opera	nced Miner: http://www.arsar.a	4. Last ctivity wher VKNOWN Weeks	7. Da a. n Injured	Indepe Medic n Affiliation gits of SSN ate and Tin Date: 07/0 c: This Mine:	Annual: ndent Co al Profes n of Victin ne Starte 4/1999 Year 0 e of Injun	ontractor ID ssional: n: 9999 5. Degree 05 Da d: b.Time: s We- 12 y or Illness: RAMATIC S	e of Injuys of 18:0	None: None iury: restricted Do Day	(No Union d work active s this work Yes d. Total	activity pa	art of regula o Weeks	Days
14. Training Deficiencies: Hazard: Hazard: New/New 15. Company of Employment: (If different Operator 16. On-site Emergency Medical Treatmen Not Applicable: First-Aic 17. Part 50 Document Control Number: (fc Victim Information: 15 1. Name of Injured/III Employee: JEROME BOURGERE 3. Date(MM/DD/YY) and Time(24 Hr.) O 3. Regular Job Title: 199 POWERHOUSE OPERAT 11. Experience: a. This Work Activity: 12 13. What Directly Inflicted Injury or Illness 003 PRESSURE VESSEL EXPLO 14. Training Deficiencies: Hazard: New/Ne	viy-Employ from produ it: i: : :: :: :: :: :: :: :: :: :: :: ::	b. Regula Job Title	9. Work A 99 U/ Years ar 0	4. Last ctivity wher VKNOWN Weeks	7. Da a. n Injured	Indepe Medic n Affiliation gits of SSN ate and Tin Date: 07/0 c: This Mine:	Annual: ndent Co al Profes of Victin ne Starte 4/1999 Year 0 e of Injun	ontractor ID ssional: n: 9999 5. Degree 05 Da d: b.Time: s We- 12 y or Illness: RAMATIC S	e of Injuys of 18:0	None: None iury: restricted Do Day	(No Union d work active s this work Yes d. Total	activity pa	art of regula o Weeks	Days
14. Training Deficiencies: Hazard: New/New 15. Company of Employment: (If different Operator 16. On-site Emergency Medical Treatmen Not Applicable: First-Aic 17. Part 50 Document Control Number: (fc Victim Information: 15 1. Name of Injured/III Employee: JEROME BOURGERE 6. Date(MM/DD/YY) and Time(24 Hr.) O 8. Regular Job Title: 199 POWERHOUSE OPERAT 11. Experience: Years Weeks a. This Work Activity: 0 12 12. What Directly Inflicted Injury or Illness 003 PRESSURE VESSEL EXPLO 14. Training Deficiencies: Hazard: New/Ne	viy-Employ from produ it: i: : :: :: :: :: :: :: :: :: :: :: ::	b. Regula Job Title	9. Work A 99 U/ Years ar 0	4. Last ctivity wher VKNOWN Weeks	7. Da a. n Injured	Indepe Medic n Affiliation gits of SSN ate and Tin Date: 07/0 c: This Mine: 13. Nature	Annual: ndent Co al Profes of Victin ne Starte 4/1999 Year O e of Injun POST TF	ontractor ID ssional: n: 9999 5. Degree 05 Da d: b.Time: s We- 12 y or Illness: RAMATIC S	e of Injuys of 18:0	None: None None plury: restricted Do Day Task:	(No Union d work active s this work Yes d. Total	activity pa	art of regula o Weeks	Days
14. Training Deficiencies: Hazard: New/New 15. Company of Employment: (If different Operator 16. On-site Emergency Medical Treatmen Not Applicable: First-Aic 17. Part 50 Document Control Number: (fc Victim Information: 15 1. Name of Injured/III Employee: JEROME BOURGERE 6. Date(MM/DD/YY) and Time(24 Hr.) O 8. Regular Job Title: 199 POWERHOUSE OPERAT 11. Experience: Years Weeks a. This Work Activity: 0 12 12. What Directly Inflicted Injury or Illness 003 PRESSURE VESSEL EXPLO 14. Training Deficiencies: Hazard: New/New/New/New/New/New/New/New/New/New/	orm 7000-1 2. Sex M f Death: OR Day 0 ? OSION ewly-Emplo	b. Regula Job Title	9. Work A 99 U/ Years ar 0	4. Last ctivity wher VKNOWN Weeks	7. Da a. n Injured	Indepe Medic n Affiliation gits of SSN ate and Tin Date: 07/0 c: This Mine: 13. Nature	Annual: ndent Co al Profes of Victin ne Starte 4/1999 Year O e of Injun POST TF	ontractor ID ssional: n: 9999 5. Degree 05 Da d: b. Time: s We- 12 y or Illness: RAMATIC S	e of Injuys of 18:0	None: None None plury: restricted Do Day Task:	(No Union d work active s this work Yes d. Total	activity pa	art of regula o Weeks	Days
14. Training Deficiencies: Hazard: New/New 15. Company of Employment: (If different Operator 16. On-site Emergency Medical Treatmer Not Applicable: First-Aic 17. Part 50 Document Control Number: (fc Victim Information: 15 1. Name of Injured/III Employee: JEROME BOURGERE 6. Date(MM/DD/YY) and Time(24 Hr.) O 8. Regular Job Title: 199 POWERHOUSE OPERAT 11. Experience: Years Weeks a. This Work Activity: 0 12 12. What Directly Inflicted Injury or Illness 003 PRESSURE VESSEL EXPLO 14. Training Deficiencies: Hazard: New/New	wly-Employ from product. t: d: 2. Sex M f Death: COR Day 0 ? SSION ewly-Emplo	b. Regula Job Title	9. Work A 99 U/ Years ar 0	4. Last ctivity wher VKNOWN Weeks	7. Da a. n Injured:	Indepe Medic n Affiliation gits of SSN ate and Tin Date: 07/0 c: This Mine: 13. Nature 390	Annual: ndent Co al Profes of Victin ne Starte 4/1999 Year O e of Injun POST TF	5. Degree 05 Da d: b. Time: Yer Illness: RAMATIC S	e of Injuys of 18:0	None: None None plury: restricted Do Day Task:	(No Union d work active s this work Yes d. Total	activity pa	art of regula o Weeks	Days

Accident Investigation Data - Victim Information Event Number: 0 6 8 4 1 4 3

U.S. Department of Labor



Victim Information: 16												
Name of Injured/III Employee:	2. Sex . 3. Victim	's Age	4. Last F	our Digits	of SSN:	5.	Degree of	f Injury:				
RUEBEN COLE	м з	9				. 0	4 Days	away from w	ork & days	restrict ac	ty	
6. Date(MM/DD/YY) and Time(24 Hr.) Of	Death:	··· ··		7. Date ar	nd Time Sta	arted:		-				
				a	. Date: 07/0	04/1999	b.Time:	18:00				
8. Regular Job Title:		9. Work Ac	tivity when	Injured:		_		10. Was	this work a	ctivity part	of regular	job?
144 SHIFT SUPERVISOR		042 MON	IITORING L	DIGESTION	CONTRO	L ROO	М		Yes	X No		
11. Experience Years Weeks a. This	Day b. Regula	Years ar	Weeks	Day c	Ye This	ears	Weeks	Day	d. Total	Years	Weeks	Day
Work Activity: 0 40	Job Title	0	40	0 N	fine: 0		40	0	Mining:	16	0	0
12. What Directly Inflicted Injury or Illness?				13.	Nature of I	njury or	Illness:					
003 PRESSURE VESSEL EXPL	OSION				390 POS	T TRA	MATIC ST	RESS				
14. Training Deficiencies:												
Hazard: New/Newly	y-Employed Experie	enced Miner:			Ann	iual:		Task:				
15. Company of Employment:(If different from Operator	om production oper	ator)				Ind	ependent	Contractor ID	: (if applica	ible)		
16. On-site Emergency Medical Treatment:												
Not Applicable: X First-Aid:		CPR:	EMT:		Medical P	rofessi	onal:	None:				
17. Part 50 Document Control Number: (for	m 7000-1)			18. Union A	ffiliation of \	Victim:	9999		No Union .	Δffiliation)		
Victim Information: 17								100110	, vo omon	- (IIIII di Corr)		
Name of Injured/III Employee:	2. Sex 3. Victi	m's Age	4 last F	our Digits o	f SSN:	5	Degree of	Injuny:				
MARTA EVERSON	F 42	-	1. 200(1	ou. Digito c			_	vay from work	onke			
6. Date(MM/DD/YY) and Time(24 Hr.) Of I		•	1	7 Date a	and Time St		Daysan	vay non work	Olly		· · · · · · · · · · · · · · · · · · ·	
, , , , , , , , , , , , , , , , , , , ,				1.200	a. Date		/1000	b.Time: 18:0	10			
O Bender Ish Till		0.144-4.4-4				. 01704		D. 711170. 70.0				
8. Regular Job Title:		9. Work Act	ovity when i KNOWN	njurea:				10. Was	this work a	• •	t of regular	job?
009 WAREHOUSE MAN		U99 OIV							Yes	X No		
11. Experience: Years Weeks a. This	Day b. Regu	lar Years	Weeks	Day	c: This	'ears	Week	Day	d. Total	Years	Weeks	Days
Work Activity: 0 28 0			28		Mine: 0		28	0	Mining:	0	28	o
12. What Directly Inflicted Injury or Illness?	20104			13.	Nature of In	jury or	Illness:				20	
003 PRESSURE VESSEL EXPLO	SION			3	90 POST 1	RAMA	TIC STRE	SS			·	
14. Training Deficiencies:	/-Employed Experie	nced Miner:	I		A 222	ual: !	ı	Task:	l i			
Hazard: New/Newly 15. Company of Employment: (If different from				·-··	Anne	uai.		I dSK.	L			
	om production oper	ator)			Independer	nt Conti	ractor ID: (if applicable)				
Operator 16. On-site Emergency Medical Treatment:							`					
Not Applicable: X First-Aid:	CF	R:	EMT:	1 1	Medical Pr	rofessio	nal.	None:	1			
17.Part 50 Document Control Number: (form				IS Almian A					•		 	
	······································			6. Union A	milation of V	/ictim:	9999	None (No Union A	Amiliation)		
Victim Information: 18 1. Name of Injured/III Employee:	2. Sex 3. Vic	im's Age	A Last	Four Digits	of CCNI:	T.E	Danna	£ 1=:				
RAYMOND GROS		84	4. Last	roui Digits	UI SSIN.	į	. Degree o	• •				
6. Date(MM/DD/YY) and Time(24 Hr.) Of D		· ··		7 Date:	and Time St		04 Days	s away from v	vork & day:	s restrict a	cty	
8. Regular Job Title:		0.18/2-4. 6-			te: 07/04/19		b.Time:					
-			ctivity when	injurea:				10. Was	this work a	ctivity par	t of regular	job?
149 SUPERVIOSR		099 UN	IKNONW						Yes	X No		
11. Experience: Years Weeks a. This	Day b. Regu	Years	Weeks	Day		Years	Week	Day	d Total	Years	Weeks	Days
Work Activity: 8 0 0			0	0	c: This Mine: 1	0	0	o	d. Total Mining:	40	•	•
12. What Directly Inflicted Injury or Illness?					. Nature of I				g.	10	0	0
003 PRESSURE VESSEL EXPLOS	ION						MATIC ST	PESS				
14. Training Deficiencies:						7,00		71200				· · · · · · · · · · · · · · · · · · ·
Hazard: New/New	rly-Employed Exper	ienced Miner:			Anı	nual:	!	Task:				
15.Company of Employment: (If different from	m production opera	tor)	-+									
Operator				1	ndependent	t Contra	actor ID: (if	f applicable)				
16. On-site Emergency Medical Treatment:												
Not Applicable: X First-Ai	d: (CPR:	EMT:		Medical F	Professi	onal:	None:	1 1			
17. Part 50 Document Control Number: (form	m 7000-1)			18. Union	Affiliation o	of Victin	1: 9999	None	(No Unio	n Affiliatio	n)	
•	•					J-7.	2303		, 5,,,,0		7	

Accident Investigation Data - Victim Information Event Number: 0 6 8 4 1 4 3

U.S. Department of Labor



Victim Information: 19													
Name of Injured/III Employee:	2. Sex	3. Victim's	Age	4. Last F	our Dig	its of SSN:	- 7	5. Degree of	Injury:				
BRETT HERBERT	М	30						04 Days	away from w	ork & days	restrict ac	cty	
6. Date(MM/DD/YY) and Time(24 Hr.) C	of Death:				7. Dat	e and Time	e Started						
						a. Date:	07/04/19	99 b.Time:	18:00				
Regular Job Title:	to A.A. a.A.		9. Work Act	tivity when	Injured:				10. Was	this work a	ctivity par	t of regular	job?
189 DIGESTION OPERATOR			092 REP	ORTING TO	o wor	rK				Yes	X No	1	•
11 Evperiones			L							165	A NO	<u> </u>	
a. This	Day I	b. Regular	Years	Weeks	Day	c: This	Years	Weeks	Day	d. Total	Years	Weeks	Day
Work Activity: 0 20	0	Job Title:	0	20	0	Mine:	0	20	0	Mining:	0	20	0
12. What Directly Inflicted Injury or Illness	?					13. Nature	of Injury	or Illness:					
003 PRESSURE VESSEL EXP	LOSION					390	POST T	RAMATIC ST	RESS				
14. Training Deficiencies:													
Hazard: New/New	rly-Employe	d Experien	ced Miner:				Annual:		Task:				
15. Company of Employment:(If different to	rom produc	tion operat	tor)			-			_				
Operator								Independent	Contractor II): (if application	able)		
16. On-site Emergency Medical Treatmen	t:												
Not Applicable: X First-Aid	t:	С	PR:	EMT:		Medic	al Profe	ssional:	None:				
17. Part 50 Document Control Number: (fo	om 7000-1))			18. Unic	on Affiliation	of Victin	m: 9999	None	(No Union	Affiliation)		
Victim Information: 20					·						<u> </u>		
Name of Injured/III Employee:	2. Sex	3. Victim	's Age	4. Last F	our Dig	its of SSN:	i	5. Degree of	Injury:				
WELMAN LANDRY	м	21	-		·		ĺ	-	ay from worl	k only			
6. Date(MM/DD/YY) and Time(24 Hr.) Of					7. Da	ate and Tim	e Starte			· Omy			
, , ,								_	b. <i>Time:</i> 18:0	20			
0.0					<u> </u>				0.7117e. 70.1				
8. Regular Job Title:	_		9. Work Acti		injurea:				10. Was	this work		rt of regular	job?
189 PRECIPATION OPERATO)R		099 UNK	(NOWN						Yes	X No		
11. Experience: Years Weeks	Day	b. Regula	Years	Weeks	Day		Years	Week	Day		Years	Weeks	Days
a. This Work Activity: 0 5 0	,	Job Title:		5 0		c: This Mine:	0	5	0	d. Total Mining:		_	•
12. What Directly Inflicted Injury or Illness:						13.Nature				Tenning.	0	5	0
003 PRESSURE VESSEL EXPL					İ			NS - BACK					
14. Training Deficiencies:			*			700 00	1110010	NO-DAON					
· .	ly-Employe	d Experien	ced Miner:	i			Annual:	:	Task:	<u> </u>			
15. Company of Employment: (If different	from produc	ction opera	tor)					<u></u>					
Operator			,			Indepe	ndent Co	ontractor ID: (if applicable)				
16. On-site Emergency Medical Treatmen	t:		-										
Not Applicable: First-Aid	.	CPF	ર :	EMT:	1 1	Medic	al Profes	ssional:	None:	x			
17.Part 50 Document Control Number: (fo	rm 7000-1)				18 Unio	n Affiliation			***	4	A ffiliation)		
Victim Information:				-	io. Unio	iii Aiiiiauoi	O VICUI	n: 9999	None	No Union	Amiliation)		
Name of Injured/III Employee:	2. Sex	3 \faction	m's Age	A Last	Four Di	gits of SSN		5. Degree o	f Indiana				
Name of injureasin Employee.	Z. GEX	J. VICIII	ii a Age	4. Lasi	roui Di	gits of SSN		3. Degree 0	it injury.				
6. Date(MM/DD/YY) and Time(24 Hr.) Of	Death:				7 D	ate and Tim	o Stata	d:					
o. Date(MANDENTT) and Time(24 III.) Of	Death.				/. D	ate and in	ie Starte	a.					
8. Regular Job Title:			9. Work Ac	tivity when	Injured	:			10. Was	this work	activity par	rt of regular	job?
										Yes	No		
11. Experience: Years Weeks	Day		Years	Weeks	Day		Year	s Week	Day		Years	Weeks	Days
a. This		b. Regula	ar		,	c: This		***************************************	, Du,	d. Total	rears	WCCAS	Days
Work Activity:		Job Title	:			Mine:				Mining:			
12. What Directly Inflicted Injury or Illness?	,					13. Nature	e of Injur	y or Iliness:					
14. Training Deficiencies:	why Employ	ad Evneris	enced Miner:	1 1			Annual	. 1 .	Task:	1			
		· ·					Annual		1 a S N.				
15.Company of Employment: (If different for	om producti	on operato	or)			Indepor	dent Co	ntractor ID-74	fannlinable)				
16 On eith Emperor 11 die 17								ntractor ID: (if	applicable)				
16. On-site Emergency Medical Treatment	1 1	_		,	1				1	1 3			
Not Applicable: First-A	via:	C	PR:	EMT:		Medi	cal Profe	essional:	None:				
17. Part 50 Document Control Number: (fo	rm 7000-1)				18. U	nion Affiliat	ion of Vid	ctim:					